

RCE/2665/618
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10-7-03
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**REQUEST FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000 provides for continued examination of a utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA)

Application Number: 09/457,889

Filing Date: December 10, 1999

First Named Inventor: Germano CARONNI

Group Art Unit: 2665

Examiner: Michael J. Molinari

Attorney Docket Number: 6502-0283

Attorney Customer Number: 22,852

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Technology Center 2600

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Note: 37 C.F.R. § 1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. § 1.53(d) instead of a RCE to be eligible for patent term adjustment provisions of the AIPA. See "Changes to Application Examination and Provisional Application Practice," Interim Rule, 65 Fed. Reg. 14865 (March 20, 2000). Off. Gaz. Pat. Office 47 (April 11, 2000), which established RCE practice.

1. Submission required under 37 C.F.R. § 1.114:

a. ☒ Previously submitted

- i. ☒ Consider the amendment(s)/reply after final under 37 C.F.R. § 1.116 previously filed on 08/11/03.
- ii. ☐ Consider the arguments in the Appeal Brief of Reply Brief previously filed on _____.
- iii. ☐ Other _____

b. ☒ Enclosed:

- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☒ Information Disclosure Statement
- iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)
- b. ☐ Other _____

3. Fees

a. ☒ The filing fee is calculated as follows:

- i. ☒ \$750.00 RCE fee required under 37 C.F.R. § 1.17(e)
- ii. ☒ Petition for extension of time for (1 Months) \$110.00
- iii. ☐ Other _____

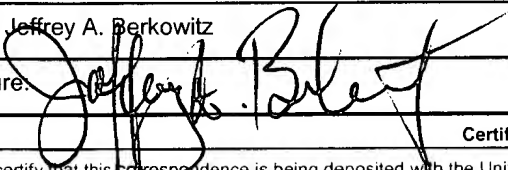
b. ☒ Check in the amount of \$860.00 enclosed.

c. ☒ The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account No. 06-0916.

Signature of Applicant, Attorney, or Agent Required

Name: Jeffrey A. Berkowitz

Reg. No.: 36,743

Signature: 

Date: September 11, 2003

Certificate of Mailing or Transmission

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, MAIL STOP RCE, P.O. Box 1450, Alexandria, VA. 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:

09/12/2003 CHUUYEN 00000018 09457889

01/05/2001

Signature:

750.00 DP

Date:

PATENT APPLICATION FEE DETERMINATION RECORD

Effective JANUARY, 2003

Application or Docket Number

09457889

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 = *	
INDEPENDENT CLAIMS	6 minus 3 = *	REE
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

OR

RATE	FEE
BASIC FEE	750.00
X\$18=	
X84=	
+280=	
TOTAL	750

B CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 24	Minus	** 24	=
	Independent	* 6	Minus	*** 6	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.